FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-251-4073

CAMPAIGN DISCLOSURE BD. Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012,7410 JAN 19 AM 7: 11

electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically. THE COLUMN

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COMMITTEE NAME (Must be same as on Statement	of Organization)	_ [	
Smith for Senute			FORM
iMPORTANT: Indicate by # type of committee you are report (1) Statewide/Legislative/Judge Standing for Retention Candi (4) County Central Committee (5) County Candidate (6) Cit Subdivision Candidate (8) County PAC (9) City PAC (10) 11) Local Ballot (saue	idate (2)State PAC (3)State Party y Candidate (7)School Board of Other Political	l læ	DR-2 Rev. 12/2009) DISCLOSURE REPORT OF Office Use Only Omm. #
CANDIDATE COMMITTEES ONLY:			ogged in
Candidate Name Roby Smith	Political Party (if applicable) Republican	s	panned
Office Sought State Senate	District (if Senate or House)	1 1	udited
Late reports are subject to possible civil and criminal penalticandidate's committee, and the chairperson, for any other ty	ies Pursuant to Iowa Code sections 68B.32A(7) ppe of committee, is the individual responsible for  563-386-0/75  TELEPHONE	or filing ti	A.401(3), the candidate, for a mely and accurate reports.  O / - /2 - /0  DATE SIGNED
COUNTY OF PROPERTY PROPERTY.	TEEFFIORE	.,	DATE SIGNES
I AM FILING A January 19, 2010	REPORT FOR (1) ELECTION /(2	2)NON-l	ELECTION YEAR.
(report date)	Indicate by #		
CHECK IF AMENDMENT TO REPORT DATED		cal Com	mittees, enter Date of Election
(You must continue to file reports until a DR-3	is filed.)		ocal Committees, enter County In i on is held
STATEMENT OF CASH ON I	HAND		
CASH ON HAND at the beginning of the reporting perio committee. This amount MUST be the same a of the last reporting period or must be zero if the	as the cash on hand at the end	5	1,182.49
ADD TOTAL MONEY TAKEN IN THIS PERIO	OD .		
Schedule A: Cash Contributions total (Attach	Schedule A) (*also see in-kind below)		9,110.00
Schedule F: Loans Received total (Attach Sch	nedulo F)	•••••	
Schedule H: Total Sales of Campaign Propert	ty (Attach Schedule H)		
(Schedule H.applies to Candidates)	Committees Only) SUB-TOTAL	\$	10,292.49
SUBTRACT TOTAL MONEY SPENT THIS PI Schedule B: Expenditures total (Attach Sched Schedule F: Loan Ropayments total (Attach S	lule B) (**also see debts and loans below)		0.00
CASH ON HAND at the end of this reporting period (if fi			10,292.49
**UNPAID BILLS (From Schedule D - Attach Schedule			
""UNPAID BILLS (From Schedule U - Attach Schedule *IN KIND CONTRIBUTIONS (From Schedule E - Attach			
**OUTSTANDING LOANS (From Schedule F - Attach			2,200.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	•	<b>Ψ</b>	YES ✓ NO
CANDIDATE COMMITTEES ONLY:	•	_	
VALUE OF CAMPAIGN PROPERTY (From Schedule F	1 - Attach Schedule H)	\$	
STATE COMMITTEES: Submit a reconciled campaign			

Kesenkonn

SCHEDULE

MONETARY

## For Instructions, See Back of Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funda)		(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	]		CK THIS BOX IF NDING FORM
Smith for Senate			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDEN INFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
11/12/09	ID#	Michael Gorsline 5689 Remington Rd N Battendorf, IA 52722		\$500.00	
11/12/09	CK#	John DeDancker 6790 Ridges Ct Bettendorf, IA 52722		\$200.00	
11/13/09	CK#	Steven Landauer 304 May St LeClaire, IA 52753		\$200.00	
11/15/09	CK#	J. Timothy Dunn 601 S 9th Ave Eldridge, JA 52748		\$250.00	
12/8/09	ID# CK#	Jeffrey Bittner 4375 Aspen Hills Circle Beuendorf, IA 52722		\$100.00	
12/9/09	ID# CK#	Lance Heuer 2600 River Bend Rd Bettendorf, IA 52722		\$250.00	
12/11/09	CK#	Jeanita McNulty 7016 124th St Blue Grass, IA 52726		\$250.00	
12/11/09	ID# CK#	Mark Kilmer 2345 Fairhaven Rd Davenport, IA 52803		\$500.00	
12/16/09	ID# CK#	Susan Jensen 1350 W 49th St Dayenport, IA 52806		\$1000.00	
12/16/09	CK#	HJ Markley 4820 Blackhawk Trail Ct Bettendorf, IA 52722		\$500.00	
			SUB-TOTAL	s 3,750.00	

TOTAL (if last page of this schedule)

(for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and strinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Resellation

## For Instructions, See Back of Form

### CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Smith for Senate

SCHEDU A (Rev. 07/0	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE SOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD,

CAUTION: Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DO/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	VIFFOR FUND- RAISER INCOME
12/17/09	ID# CK#	Philip Allen 6485 Engles Ridge Rd Bettendorf, IA 52722		\$100.00	
12/17/09	ID# CK#	Gunda Davis 4940 Conter Ct Bettendorf, IA 52722		\$200.00	
12/19/09	ID# CK#	Unitermized Contribution		\$20.00	
12/20/09	ID# CK#	Unitermized Contribution		\$20.00	
12/20/09	ID# CK#	Scott Lindholm 4741 Spring St Davenport, IA 52807		\$250.00	
12/18/09	ID# CK#	Uniternized Contribution		\$25.00	
12/17/09	ID#	Unitermized Contribution		\$25.00	
12/30/09	CK#	Simone Ekstein 2500 Parkview Dr 1702c Hallandale, FL 33009		\$200.00	
12/30/09	ID# CK#	Duncan Cameron 1 Oak Park Dr Bettendorf, IA 52722		\$250.00	
12/22/09	CK#	Hurry Cockrell 4439 Tahoe Ct Bettendorf, IA 52722		\$4000.00	
			SUB-TOTAL	\$ 5,090.00	

TOTAL (if last page of this schedule)

Page 2 of 3 (for Schedule A)

<sup>&</sup>quot;Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consunguinity (blood relatives) and affinity (relatives by merriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Receipe mile

SCHEDULE

MONETARY

#### For Instructions, See Back of Form

#### CONTRIBUTIONS -- MONEY TAKEN IN

(including candidaté's pérsonal funds)		K@V. U//U3)	RECEIP 15
COMMITTEE NAME (Must be same as on Statement of Organization)	7		CK THIS BOX IF
Smith for Senate		7 47121	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTED), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ÉTHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IFFOI FUND- RAISEF INCOM
12/30/09	ID#	Michael Vokt 2202 E 33rd St Davenport, IA 52807		\$20.00	
12/30/09	ID# CK#	Mark Redeker 5170 Coachman Ct Bettendorf, 1A 52722		\$250,00	
	ID#	DOMESTICAL PARTY OF THE PARTY O			
NASAN IT - 2 AIL MICENIA	ID#	:			
	CK#				
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	ID# CK#				
	ID#				
	CK#		SUB-TOTAL	- 270.00	
		TOTAL (if last pa	ge of this schedule)	\$ 270.00 \$ 9.110.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and artinity (relatives by marriage). If surmarine of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

\$ 9,110.00

MITTEE NAME(Mus	t be same as on Statement of Organization)		SCHEDULE F	LO
ith for Senate	• • • • • • • • • • • • • • • • • • •		(Rev. 02/08)	REC & RE
al unpaid loans i Ti- monetary lo	orts money loaned to the committee which is deposited in FROM LAST REPORTING PERIOD S 2,200.00  ANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party is	- WAR	CHECK AMENDIN	IG FO
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Enderser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable	AMOUNT (	
			\$	
		:		<u> </u>
				<b></b>
		l l		
		TOTAL (PART I)	\$	
(Loans forgiven	OAN REPAYMENTS MADE THIS REPORTING PERION IN MUST be reported on Schedule E - In-kind Contributions  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	\$	REPAID
(Loans forgiven	n must be reported on Schedule E - In-kind Contributions	D x)		REPAID
(Loans forgiven	n must be reported on Schedule E - In-kind Contributions  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	le)	REPAID
(Loans forgiven	n must be reported on Schedule E - In-kind Contributions  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	le)	REPAID
(Loans forgiven	n must be reported on Schedule E - In-kind Contributions  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	le)	REPAID
(Loans forgiven	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO	le)	REPAID
RT II - MONETARY L (Loans forgiven DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable of the control of the co	le)	REPAID